

**Please Note: Document(s)
Repeated Intentionally**

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

County Registrar's No.*

Place of Birth Copper Hill, Maricopa County Gila No. (Mining camp) St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth

DATE OF BIRTH* May 20 1923
(Month) (Day) (Year)

FULL NAME <u>Melquiades Diaz</u>	FATHER
FULL MAIDEN NAME <u>Justina Garcia</u>	MOTHER

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43—S.P.Co.

I HEREBY CERTIFY that the child described herein
has been named

Indalecio Diaz
(Give name in full) (Surname)

Victor Rubalcava 2980 St
(Parent's Signature) Globe, Ariz

(Signature of Physician or Midwife)

949-520-171